

GEKP

Court Copy

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Michael Malik Allah

(In the space above enter the full name(s) of the plaintiff(s).)

15 5593

- against -

John C. Thomas
Shirley Laws-Smith
Louisa Perez
Dr. Koren
PA John Nicholson
Dr. L. Hauschak

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Michael Malik Allah
ID # LK 7642
Current Institution 500 E. 4th St.
Address SCI - Chester
Chester, PA 19013

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name THOMAS, John C. Shield # _____
 Where Currently Employed 500 E. 4th ST.
 Address S.C.I. Chester
Chester, PA. 19013

Defendant No. 2 Name Shirley Law-Smith Shield # _____
 Where Currently Employed 500 E. 4th ST
 Address S.C.I. Chester
Chester, PA 19013

Defendant No. 3 Name LOUISA PEREZ Shield # _____
 Where Currently Employed 500 E. 4th ST.
 Address S.C.I. Chester
Chester, PA 19013

Defendant No. 4 Name DR. KOREN Shield # _____
 Where Currently Employed 500 E. 4th ST.
 Address S.C.I. Chester
CHESTER, PA. 19013

Defendant No. 5 Name PA. John Nicholson Shield # _____
 Where Currently Employed 500 E. 4th ST.
 Address S.C.I. CHESTER
CHESTER, PA. 19013

Defendant No. 6
DR. L. HANUSCHAK
500 E. 4th ST.
Chester, PA 19013

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? S.C.I.
Chester
- B. Where in the institution did the events giving rise to your claim(s) occur? The
Medical Department
- C. What date and approximate time did the events giving rise to your claim(s) occur? 5/22/15 -
6/26/15 - 7/8/15 - 8/7/15

①

Statement of Claim

I came to SCI-Chester in July of 2014, and I began complaining about the constant and daily pain I am having in my upper and lower back and right leg where I suffer from pinched nerves and permanent nerve damage. I went to numerous sick calls and were told my Dr. Hauschak M.D. and PA John Nicholson that they can not give me the pain medication that will help me with my pain cause it was a narcotic. Yet S.C.I Chester provide narcotics to prisoners who suffer from cancer related pain and not to prisoners with constant and daily chronic related pain. Finally on 4/23/15 I filed a Grievance No. 564 ~~593~~ explaining that I suffer from constant & daily pain in my upper and lower back and right leg and that I was not getting any medication that was relieving my pain. On May 18, 15 Medical Director Shirley Laws-Smith responded saying that I was offered Mobic, Naprosyn, Motrin and Relafen for my discomfort and that I refused all

(2)

stating "Percocet" is only thing that takes my pain away. Fact be told, I were taking the Mobic, Naprosyn and Relafen and these Medications were not helping me with the pain and I told them that "Oxycodeone" were one of the only drugs that were helping me on the streets. I also explained to the in Grievance no. 564593 that the Anxiety Medication that they were giving me were not helping me with the Constant Anxiety Attacks that I were suffering. And that From 1971 to 2013 I were taking 10^{ms} Valium and 1^{ms} Clonazepam in 2013, I told Dr. Koren that the Anxiety Medication that he had me on were not helping me and that it was causing more harm than good. The Side effects From those drugs were giving me lock Jaws, Seizures, Slurred Speech, Nightmare etc... He Dr. Koren tried me on a least 5 Different Anxiety and none of those Drugs worked. On 7/8/15, I appealed to the Facility Manager John C. Thomas and he never responded.

ON 7/23/15 I also filed a Grievance no. 564603 complaining about not being

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treated for my Hep - C Disease that I been suffering from since 1993. I asked to be placed on the Treatment list and was told in 2014 that since I was up for Parole in April 2015 I could not be placed on the 9 month Treatment Program. Then in March of 2015 I was given a 1 year Hit Setback by the Parole Board. I ask to be placed on the New Hep - C Treatment Program that last from 2 to 3 Month with a 98% cure rate. The Doctors Dr. Hanuschak and PA Nicholson told me that I could not be given the Treatment cause it was expensive. They are showing a deliberate indifference to my serious medical needs. And Shirley Laws-Smith said in the answer to my Grievance no. 564603 that the DOC is re-evaluating our treatment protocol for Hepatitis C. Yet I am in danger of developing Fibrosis and Cirrhosis. At present my liver is deteriorating and I ~~and~~ having pain in my liver area and since I have suffered from Hep - C since 1993 the longer I go without the New Treatment the more severe my liver damage will become. It is on the verge

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of becoming so bad the Treatment may not be able to help me. I am starting to get and feel tired all the time and I am getting yellowing of the skin. On May 22, 2015 I applied to the Facility Manager John C. Thomas and he never responded.

On 5/22/15, I Filed a Grievance about having such a long delay in them repairing my Glasses and them over charging me for a pair of Glasses that other inmates paid \$ 8.88 for the same Glasses that I was charged \$ 52.00 for. On 6/18/2015 responded that I was not over charged and that my Glasses were ordered 2-3 weeks ago. However I filed an appeal to Grievance no. 569355 to the Facility Manager John C Thomas on 6/21/15 showing proof that I was overcharged by providing him with a Copy of Raymond W. Johnson #LK3103 "Inmate Query - Accounts Transactions where he purchased the very same Eye Glasses for \$ 8.88 on 8/11/14 And the Facility Manager did not response to my appeal. On 8/7/15 I explained to PA Nicholson that the pain Medication Relafen was not helping me with my pain

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(Grievance #581709)



And that I need my Cane cause I fell down a couple of times when my right leg collapsed on me. I told him that I have been walking with a cane for over 5 years and I needed it more than ever now. He refused to issue me my cane even after I showed him proof that I use a cane. And he refused to issue me a more adequate pain medication to help me with the pain I am suffering.

On 8/28/2015 I filed a appeal to Facility Manager John C. Thomas after Ms Shirley Laws-Smith on 8/21/15 said in her initial Review Response that my request for a cane was not medically necessary. Even after I showed them proof from my Primary Doctor on the streets that I use a cane and why. She never addressed the medication issue in her response. And the Facility Manager John C. Thomas never answered my appeal to him on Grie. No. 581709. Also in my appeal I show him proof by providing him with Medical Records from my Primary Doctor Daniel DeJoseph.

On 7/16/15, I wrote a Request Slip to Manager, Facility John C. Thomas asking him

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to answer my unanswered Three
appealed that I send to him:

1. Grievance # 564603 Dated 5/22/15
2. Grievance # 569355 Dated 6/26/15
3. Grievance # 564593 Dated 7/8/15

He John C. Thomas never responded
so on 7/24/15 I filed a Grievance on
the Facility Manager John C Thomas For
denying me Access to the Courts for not
answering any of my appeals to him.

I never got and the Facility

Grievance Coordinator Ms. Louisa Perez
never processed my Grievance by issuing me
a Grievance NO. Nor did I get an "Initial/
Review Response". So on 8/16/15 I wrote
to Director James C. Barnacke telling him
that the Facility Manager John C. Thomas
did not answer any of my appeals to him.

And on August 28, 2015 the Director
James C. Barnacke from the Office of Special
Investigations and Intelligence and he said:
"Please be advised that you have utilized the
appropriate means to address your concerns, speci-
fically the OC-ADM 804, Inmate Grievance
System. See: enclosure (Letter). All of the
above Defendants has shown an deliberate

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indifference to my Serious Medical needs and they all know that I Face Substantial risk of harm and they all of the Defendants disregards that risk.

I have been asking Deputy Supt. after Deputy Supt. why the Facility Manager is not answering any of my Grievances and all they say is wait on a response. However I have been waiting for months now and I gotten no response. Facility Manager John C. Thomas is denying me Adequate Medical Treatment and is denying me Access to the Courts. Now I can't file a appeal to the Secretary's Office of Inmate Grievance & Appeals Ms. Amanda West who is the Grievance Officer. Because Ms. West response to me will be this: "X F) Your claim to have grieved and/or appealed this concern at the institutional level without response does not entitle you to direct appeal to Final review. Rather, contact the Grievance Coordinator or Facility Manager's office regarding the Status of your appeal."

While I did contact the Grievance Coordinator; I spoke to her Face to Face several times and I filed a Grievance against the Facility Manager and she did not

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process the Grievance dated: 7/24/15
And I wrote a request slip directly to the
Facility Manager on 7/16/15. Still no responses.

I am suffering from life threatening
diseases and illnesses and none of the de-
fendants care. I am having liver issues and
the defendants will not treat me with the
cure cause they say it cost too much
money. Nor will they treat my Cervical
Disc Degeneration, Upper and Lower Back
Pain, pinched nerves and permanent nerve damage
in my right leg and my proper anxiety
medication cause they say it is a

Narcotic that they will have to provide
me with. As the Courts can see from
the Defendants not treating my illnesses
they don't care if I live or die under
their care. I am over 50 pounds over-
weight cause all I can do is lay in bed
after each meal and all day for fear
of falling down and hurting myself

further. I came into prison weighting 150
pounds, now I weigh 205 pounds. I am
unable to exercise cause of the pain and
fear of my right leg collapsing.

I AM NOW suffering from Jaundice symptoms, headaches, NAUSEA, vomiting and diarrhoea common manifestations. Yet there is a new treatment available to cure me of Hepatitis - C and the defendants refuse to pay for the treatment say it is too expensive. However Cancer patients here treatment is more expensive than the new HARVONI Hep-C treatment. I am suffering from life-long chronic hepatitis with no treatment. I am suffering from life-long Anxiety Neurosis with NO treatment from the Defendants; the treatment that helps me they will NOT provide me with it cause it is a Narcotic. I am also suffering from life-long Chronic Pain in my BACK AND Right Leg, with no treatment cause the pain medication that helps me is a Narcotic. Nor will they issue me my cane. For all the above claims the Defendants are showing an deliberate indifference to my serious Physical and Mental need therefore violating my State and Federal health Right. And I am asking for a Jury Trial of all the above matters.

D. Facts: _____

What
happened
to you?

SEE:

Who
did
what?

STATEMENT

Was
anyone
else
involved?

OF

Who else
saw what
happened?

CLAIM

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I suffer from constant and daily pain to my upper & lower back, also pain to my right leg where I suffer from pinched nerves and permanent nerve damage. Plus my right leg has collapsed on me several times and I fell and hurt myself. I also suffer from a serious liver disease where I am in danger of developing liver cancer and liver failure, and even death.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s)

Delaware County Prison - S.C.I. Braterford - SCI Camp Hill
S.C.I. Chester

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? ANXIETY Cervical Disc degeneration
PINCE NERVES AND PERMANENT NERVE DAMAGE. LIVER DISEASE

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Delaware County Prison SCI Camp Hill and SCI Chester

1. Which claim(s) in this complaint did you grieve? ANXIETY Cervical
degeneration - Pince & NERVE DAMAGE. HEP - C.

2. What was the result, if any? FACILITY MANAGER refused
to ANSWER my appeal. / Denied Medical Treatment

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I Appealed to the
FACILITY MANAGER After my Grievance was
denied by the "Initial Response Review". The
FACILITY MANAGER HAS up until this date 9/22/15
HAS refused to RESPONSE to ANY of my Appeals.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

- SEE: GRIEVANCE EXHIBITS
1. GRIEVANCE # 564603 & all relative documents
 2. GRIEVANCE # 569355 & all relative documents
 3. GRIEVANCE # 564593 & all relative documents
 4. GRIEVANCE # 581709 & all relative documents
 5. Request to John C. Thomas (7/16/15) 6. GRIEVANCE dated (7/24/15) 7. letter Director James C Barnacle (8/16/15) AND his response dated 8/28/15.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Plaintiff Request Punitive Damages in the Amount of \$10,000.00 From Each Defendant. Plaintiff Request Compensatory Damages in the Amount of \$5,000.00 From each Defendant. Plaintiff Request the Right to be tried by a Jury. Plaintiff the Right to Amend new issues to this Complaint After

SCI CHESTER
INMATE APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
LK7642	Michael Allah	OB 58	5-22-15	564603

I received my initial response from the Grievance Office/Coordinator on MAY 19th 2015 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

Dear Supt., Today I received a partial Initial Review Response to my Grievance part one of Two and Two of Two. However only the Second part was addressed Part Two of Two. See Enclosures. Ms Shirley Laws-Smith said her Bosses the DOC is re-evaluating their treatment protocol for Hep-C given the new guidance issued by the (AAO) and (IOSA). The response and excuse in her reply still leave me in imminent danger of serious physical injury. Each day that go by w/out treatment guarantee that I develop liver cancer, and after that medication may not be able to help me. Plus I grieved the fact that I am being denied my proper & adequate pain medication and anxiety medication. I am suffering daily because of the "Deliberate Indifference to my serious medical needs. I ask to be given the new 90 Day Hep-C treatment. Also to be compensated \$10,000." For pain and suffering both mental and physical. I hope that you take this Appeal serious and order your staff to provide me with the proper medication and treatment!

cc: file

INMATE SIGNATURE: Michael Allah

INITIAL REVIEW RESPONSE

SCI Chester
500 East 4th Street
Chester, PA 19013

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follow

Inmate Name:	Michael Allah	Inmate Number:	LK7642
Facility:	SCI Chester	Unit Location:	DB-58
Grievance #:	564603	Grievance Date:	April 23, 2015

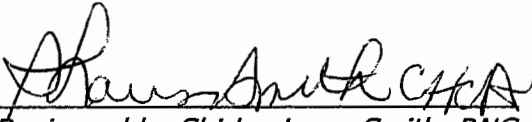
Decision: ☐ Uphold Inmate
☒ Grievance Denied
☐ Uphold in part/Denied in part

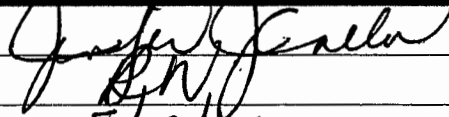
It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.

Response: Frivolous

Wednesday, May 13, 2015

Currently the DOC is re-evaluating our treatment protocol for Hepatitis C, given the new guidance issued by the American Association of Liver Disease (AALD) and the Infection Disease Society of American (IDSA). As a result, we will continue to monitor patients diagnosed with Hepatitis C, while we evaluate our treatment options moving forward and developed a new treatment protocol.


Reviewed by Shirley Laws-Smith, RNC
CHCA

Signature:	
Title:	
Date:	5/13/15

cc: Facility Grievance Coordinator
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 – Grievances & Initial Review

Issued: 3/31/2014
Effective: 5/1/2014

Attachment 1-D

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

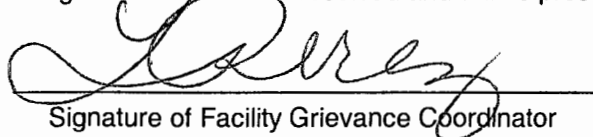
FOR OFFICIAL USE ONLY

564 603
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Shirley LAW-Smith	FACILITY: S.C.I.-Chester	DATE: 4/23/15
FROM: (INMATE NAME & NUMBER) Michael Allah LK 7642	SIGNATURE OF INMATE: Michael Allah	
WORK ASSIGNMENT: Block Worker	HOUSING ASSIGNMENT: DB 55	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.</p> <p>Also, I have had Hep-C since 1993 AND I AM NOT GETTING ANY TREATMENT here because this prison believe it is too expensive to treat me. This denial of treatment is being my health & imminent danger of serious physical injury. I would like to receive my proper Anxiety Meds, Pain Meds, and the 90 DAY Hep-C Treatment. Plus compensated \$10,000 for pain and suffering.</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p> <p>I have complained to the Medical Doctors, Psychiatrist and gotten no relief.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator

4/27/15
Date

SCT
APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
LK7642	Michael Allah	D B 58	6/26/15	569355

I received my initial response from the Grievance Office/Coordinator on _____
and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

ON 6/21/15 I received a Initial Review Re-
sponse dated 6/18/15 And I WAS DENIED REIM-
BURSE^{MENT} for a pair of Frame I purchase for
\$34.00 but elsewhere in the D.O.C. the same
Frame (Tiffany) 49 □ 16 135 Cost \$8.88.
A Friend of mine by the name of ~~Raymond~~
W. Johnson had the same GLASSES ON AND he
just came to this prison. The only different
was his Frames were Brown and mine are
Black. Then he ask me what did I pay for
them and I said \$52.00 Total including the
lenses. He then told me that he AND EVERY-
ONE else at Camp Hill and Houzdale only
pay \$8.88 for the same GLASSES (FRAMES).
Therefore I would like this to be investigated
because of the Equal Protection Clause; I should
NOT be charged \$26.00 more Dollars for the same frames
Also it took SCT-Chester over Four (4) months
to repair my Glasses after I broke the lenses.
I should be REIMBURSED for both the "Delay
AND OVER CHARGE! Thank You!
Raymond W. Johnson.
NO. is LK 3103

INMATE SIGNATURE: Michael Allah



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jwitherite 9/16/2014 12:59:23 PM

Pennsylvania Department of Corrections

Return to DocNet

Inmate Query - Accounts Transactions

Production

DOC Info

Inmate Apps \ Inmate Inquiry \ Reports \ Photos \ JNET

Inmate #: LK3103 **ACTIVE** **Name:** JOHNSON, Raymond W **Cust Lvl:** 2 **Prog Cd:** **Perm Loc:** Camp Hill
Race: Black **DOB:** 09/06/1959 **Housing Unit:** K-B -1021-02 **Temp Loc:**
SID: 232-44-92-6 **FBI #:** 132743V5 **PBPP #:** 85680 **Counselor:** Gergely, Heather L **Detainers:** NO

Batch Number	Date	Transaction Code Description	Transaction Sub Code Description	Institute Name	Transaction Amount	New Balance
6587	07/08/2014 10	Inmate Employment	00 Cque Payroll 201406 Grp 1	Q4	\$1.20	\$54.81 CR
6587	07/08/2014 10	Inmate Employment	00 Cque Payroll 201406 Grp 1	Q4	\$16.00	\$38.81 CR
6635	07/15/2014 37	Debit	00 37 - Postage	Q4	\$0.21	\$39.02 CR
6711	07/25/2014 38	Debit	00 38 - Inside Purchase	Q4	\$0.83	\$39.85 CR
6739	07/31/2014 27	Debit	00 27 - Religious Feasts	Q4	\$3.80	\$43.65 CR
6751	08/04/2014 41	Debit	00 41 - Medical Co-pay	Q4	\$5.00	\$48.65 CR
6757	08/05/2014 10	Inmate Employment	00 Cque Payroll 201407 Grp 1	Q4	\$27.60	\$21.05 CR
6784	08/08/2014 41	Debit	00 41 - Medical Co-pay	Q4	\$10.00	\$31.05 CR
6790	08/11/2014 13	Credit	00 13 - Personal Gifts	Q4	\$20.00	\$11.05 CR
6798	08/11/2014 35	Debit	00 35 - Glasses	Q4	\$8.88	\$19.93 CR
6800	08/12/2014 10	Inmate Employment	00 Cque Payroll 201408 Grp 1	Q4	\$7.20	\$12.73 CR
0000	08/22/2014 14	Release Escrow	00 27 - Misc/other	Q4	\$75.00	\$62.27
0000	08/22/2014 82	Transfer Out	00 Quehanna Bootcamp	Q4	\$0.00	\$62.27
0000	08/22/2014 81	Transfer In	00 Houtzdale	H5	\$0.00	\$62.27
4670	08/25/2014 32	Debit	00 32 - Commissary	H5	\$37.72	\$24.55
0000	08/29/2014 82	Transfer Out	00 Houtzdale	H5	\$0.00	\$24.55
0000	08/29/2014 81	Transfer In	00 Camp Hill	C3	\$0.00	\$24.55
2022	09/05/2014 10	Inmate Employment	00 Ccam Payroll 201408 Grp 1	C3	\$0.72	\$25.27
2022	09/05/2014 60	Debit	00 60 - Cvcf Cp22cr00021182013	C3	\$0.07	\$25.20
2067	09/10/2014 32	Debit	00 32 - Commissary	C3	\$23.70	\$1.50

JNET Inmate



Prior Inmate #

DA8876
FS3275

New Search

Identification:
 (Inmate #/SID/
 Phil. Photo #/SSN)

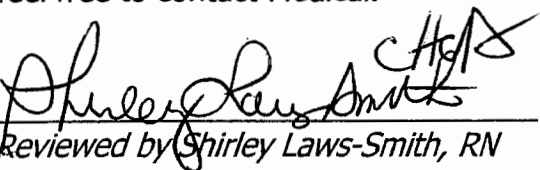

Get

[Back to Inmate Accounts](#)

INITIAL REVIEW RESPONSE

SCI Chester
500 East 4th Street
Chester, PA 19013

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follow

Inmate Name:	Michael Allah	Inmate Number:	LK7642
Facility:	SCI Chester	Unit Location:	DB-58
Grievance #:	569355	Grievance Date:	May 22, 2015
Decision:	<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part		
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous		
Wednesday, June 17, 2015 I am not sure what he told you but the Optometrist does not order glasses, glasses are ordered by the Clinic Coordinator. Your glasses were ordered 2-3 weeks ago. I can not address what another inmate paid for at another site. I can only address what is done here at SCI-Chester. We charge what the DOC requires and what you were charged was the correct amount. The frames you are referring to cost \$34.00 not \$8.88. If you have any questions or concerns about eyeglasses, please feel free to contact Medical.  Reviewed by Shirley Laws-Smith, RN CHCA			
Signature:			
Title:	Health Service Administrator		
Date:	6/18/2015		

cc: Facility Grievance Coordinator
DC-15
File

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

569355
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Shirley Laws-Smith	FACILITY: SCI-Chester	DATE: 5/22/15
FROM: (INMATE NAME & NUMBER) Michael M. Allah LK7642	SIGNATURE OF INMATE Michael M. Allah	
WORK ASSIGNMENT: Block Worker	HOUSING ASSIGNMENT: OB 58	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

ON 4/3/15, I Filed a Grievance about me not being able to get my glasses repaired, SEE: Grievance # 561084. ON 4/27/15, Ms. LAWS-SMITH and /or Ms. Minnis Initial Review Response stated, "Your glasses ARE BEING SENT OUT FOR REPAIR." THEN ON 4/30/15, I sent a response to Ms. LAWS-SMITH stating that if my glasses ARE repaired that I would withdraw my Grievance. ON MAY 22, 2015 I got a memo saying "Your glasses may be sent out for repairs in lenses. However, transitional lense may be purchased at a cost. You would need to complete a cash slip prior to order being placed." Now when I gave

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Numerous Medical personnell and was told difference stories. It is going on Four (4) months w/out my glasses being repaired. And I was over charged.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


Signature of Facility Grievance Coordinator

5/27/15
Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

569355
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Shirley Laws-Smith</i>	FACILITY: <i>SCI-CHESTER</i>	DATE: <i>5/22/15</i>
FROM: (INMATE NAME & NUMBER) <i>Michael M. Allah LK7642</i>	SIGNATURE of INMATE <i>Michael Allah</i>	
WORK ASSIGNMENT: <i>Block Worker</i>	HOUSING ASSIGNMENT: <i>OB 58</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

my Glasses to the Doctor on 4/17/15 he NEVER ASK me for a "Cash Slip." I AM NOT getting transitional lenses. I am getting Tinted lenses for my PhotoPhobia and Glaucoma. And there is no charge for Medicated lenses ordered by the Doctor. Also I was charged \$52.00 for a pair of Glasses that for the same Glasses cost \$8 for the same Frames at S.C.I. Ho. The delay in repairing and getting my glasses back to me is causing me pain and suffering, plus it is showing an deliberate indifference to my serious medical needs. I ask that my glasses be repaired A.S.A.P. at the cost to the D.O.C. and compensate me \$500.00 for the delay.

- B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Medical Workers who told me that my Glasses was send out and that they were not send out for repair. Plus Glasses should cost the same in all prisons.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

PART ONE OF TWO

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
LK7642	Michael Allah	OB 58	7/8/15	564593

I received my initial response from the Grievance Office/Coordinator on _____
and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

Dear Supt., Today I Finally received a Initial Review Response to my Grievance PART ONE OF TWO. However I received PART TWO of Two on MAY 19, 2015 And had to file a Grievance #574401 in order to get the enclosed Initial Review Response; SEE: Attachments. Sir the denial of my Grievance #564593, still does not address the FACTS that I am being provided inadequate Medical Care and Treatment for the Constant and Daily Pain to my Upper and lower Back, plus the Pain in my Right leg where I suffer from permanent Nerve Damage. Also the Fact that I had tried 9 Different Anxiety Medication that did not help me. The Side effects harmed me more than my Initial problems. The Side effects gave me 1. Nightmares, 2. Slurred speech, 3. Stuttering speech, 4. Seizures, 5. Tiredness, etc. This problem was not even addressed. I suffer from Anxiety attacks, yet I am not given the proper Anxiety medication which is: Clonazepam or Valium. I have been taking Valiums since 1971 and just started taking Clonazepam in 2013. Sir, you can review my primary Doctor medical Records I AM sending you copies.

INMATE SIGNATURE: _____

Michael M. Allah

PART Two of Two

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
LK7642	Michael Allah	OB 58	7/8/15	564593

I received my initial response from the Grievance Office/Coordinator on _____ and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

Here the D.O.C. policy to deny me the Medication that I was taking on the Street is denying Adequate Medication, care and treatment to my serious Medical needs. I have State and Federal Rights to be Free From Pain and Suffering when there are treatments and Medication that can help me. What S.C.I. - Chester is showing an deliberate indifferent to my serious Medical needs. I am not getting any kind of Treatment and/or Therapy. I hope you can order Medical to issue me 1. my Pain Meds of Oxycodone and Anxiety Meds of Valium or Clonazepam. I am suffering from daily Pain & suffering and I am suffering from Anxiety Attacks. Improper health care violates the Eighth Amendment. Wherefore I ask that I be compensated with check for \$10,000.00 for unnecessary pain and suffering, Anxiety Attacks and be issued to proper medication, and treatment. Maybe a personal Interview ~~will~~ be helpful. Thank you!

INMATE SIGNATURE: Michael M. Allah

CC:

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

564593

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Shirley Law-Smith</i>	FACILITY: <i>S.C.I. - Chester</i>	DATE: <i>4/23/15</i>
FROM: (INMATE NAME & NUMBER) <i>Michael Allah LK7642</i>	SIGNATURE of INMATE: <i>Michael Allah</i>	
WORK ASSIGNMENT: <i>Block Worker</i>	HOUSING ASSIGNMENT: <i>DB 5F</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

Since being in this Prison I have been denied proper Pain Medication and Anxiety Medication. The Anxiety Meds that they give me now causes my Jaws to lock and give me Seizure like side effects. I have been placed on 8 or 9 different Anxiety Meds and none worked. Yet this prison will NOT give me the Medication that works so I will continue to suffer from ANXIETY ATTACKS, lock Jaws & Seizure side effects. Also I AM in daily pain in my upper & lower Back plus right leg. AND I AM given NOTHING for PAIN.

- B. List actions taken and staff you have contacted, before submitting this grievance.

I complained to the Medical Doctors and Mental Health Doctors and was told that the Meds I got on the Streets that worked they can not give me.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

[Signature]
Signature of Facility Grievance Coordinator

4/27/15
Date

INITIAL REVIEW RESPONSE

SCI Chester
500 East 4th Street
Chester, PA 19013

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follow

Inmate Name:	Michael Allah	Inmate Number:	LK7642
Facility:	SCI Chester	Unit Location:	DB-58
Grievance #:	564593	Grievance Date:	April 23, 2015

Decision:	<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part
------------------	--

It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.

Response: Trivialous

Thursday, May 14, 2015

Mr. Allah was presented to sick call twice this year with back pain and arthritis of his lumbar spine. On 4/14/15, he had an x-ray ordered. He was also offered Mobic, Naprosyn, Motrin and Relafen for his discomfort. He refused all stating "Percocet" is only thing that takes my pain away. His physical examination as unremarkable. There was no palpable spasm, neurologic deficits, or ambulatory dysfunction appreciated.

Lastly, his reported concerns has not interfered with his employment as a Block Worker.

Shirley Laws-Smith
Reviewed by Shirley Laws-Smith, RNC
CHCA

Signature:

Title:

Date:

Shirley Laws-Smith
PA-C
5-18-15

cc: Facility Grievance Coordinator
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 3/31/2014
Effective: 5/1/2014

Attachment 1-D

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

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574401
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Shirley Law-Smith	FACILITY: SCI-Chester	DATE: 6/30/15
FROM: (INMATE NAME & NUMBER) Michael M. Allah LK7642	SIGNATURE of INMATE: Michael M. Allah	
WORK ASSIGNMENT: Block Worker	HOUSING ASSIGNMENT: OB 58 - 01	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

ON 4/23/15, I filed a GRIEVANCE CONCERNING the daily PAIN I Suffer AND Anxiety ATTACKS I suffer from CAUSE I AM BEING denied Proper and Adequate PAIN & Anxiety Medication. I received a Grievance NO. 564593, however I NEVER got the "Initial Review Response". And I AM trying to EXHAUST All my Administrative Remedies. And MS L. Perez is denying me this by NOT Forwarding the above (Response) to Grievance NO. 564593 so I CAN Appeal. Therefore I ASK for Compensation in Award of \$3,000.00

- B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke w/ Deputy Supt. Campbell Twice about this matter and 2 1/2 weeks have went by and still no "Initial Review Response". MS L. Perez HAS NOT Forwarded the Response to me. Yet I asked her to.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


Signature of Facility Grievance Coordinator

Date

GRIEVANCE REJECTION

SCI Chester
500 East 4th Street
Chester, PA 19013

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System", I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Michael M. Allah	Inmate Number:	LK7642
Facility:	SCI Chester	Unit Location:	DB-2058-01
	574401		
Decision:	Rejection		
	Your grievance is being rejected for the reason(s) outlined below.		
Rationale:			
	1. Grievances related to the following issues shall be handled according to the procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
	a) DC ADM 008 Prison Rape Elimination Act (PREA) – allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact		
	b) DC ADM 801 Inmate Discipline/Misconduct Procedures		
	c) DC ADM 802 Administrative Custody Procedures		
	d) DC ADM 803 Inmate Mail and Incoming Publications, Section 3, E		
	2. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.		
	3. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
	4. The grievance was not signed and/or dated with correct commitment name, number, contained UCC references, or was not presented in proper format.		
	5. Grievance must be legible, understandable, and presented in a courteous manner.		
	6. The grievance exceeded the two page limit. Description needs to be brief.		
	7. Grievance does not indicate that you were personally affected by a Department or facility action or policy.		
	8. Grievances based upon different events must be presented separately.		
x	9. The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed. Prior grievance # 564593.		
	10. Group grievances or grievances filed on behalf of another inmate are prohibited.		
	11. Grievance disputes previous grievances, appeal decisions or staff members who rendered those decisions.		
	12. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # _____ was submitted on _____		
	13. You have not provided this Office with required documentation for proper review such as a DC-153A, Personal Property Inventory Sheet, Confiscated Items Receipt, Commissary/Outside Purchase Form and/or documents outlined on the DC ADM 005 Notification of Deductions Memo and/or the Notification of Amended Deductions Memo.		
Response:			
Be advised your grievance was responded to, and a copy of the response is attached.			
Signature:			
Title:	Facility Grievance Coordinator		
Date:	July 7, 2015		

cc: Facility Grievance Coordinator
DC-15
File



DREXEL UNIVERSITY COLLEGE OF MEDICINE

3401 Market St Student Health Center
Philadelphia, PA 19104
(215) 220-4700

Patient: MICHAEL M. ALLAH
1022 BARKER RD

EMRN: 414198
DOB: Nov 28, 1958

SHARON HILL, PA 19079-1817

Home: (484) 661-7987
Work:

Encounter Date: Aug 8 2013 12:30PM

Reason For Visit

Reason for Visit: Follow up from discharge from Mercy Fitzgerald hospital for extreme pain and trouble urinating.

History of Present Illness

Patient can't get oxycontin because it is too expensive. Says the medicine the pain doctor they started him on is helping a little with his mood and he is not having any more nightmares but he says it is not helping at all with his pain.

Had an episode of urinary retention and was in the Emergency department at Mercy to have this evaluated. He was catheterized for several hours and when they removed the catheter he was urination ok since.

Current Meds

1. AmLODIPine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE; Therapy: 21May2013 to (Evaluate:19Jan2014) Requested for: 23Jul2013; Last Rx:23Jul2013
2. Clonazepam 1 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED; Therapy: 21May2013 to (Evaluate:20Nov2013); Last Rx:23Jul2013
3. Hydrochlorothiazide 25 MG Oral Tablet; TAKE 1 TABLET DAILY; Therapy: 21May2013 to (Evaluate:19Jan2014) Requested for: 23Jul2013; Last Rx:23Jul2013
4. Oxycodone-Acetaminophen 5-325 MG Oral Tablet; 1 to 2 tablets every 6 hours as needed for pain; Therapy: 21May2013 to (Evaluate:22Aug2013); Last Rx:23Jul2013

Allergies

1. Aspirin TABS

Vitals

Vital Signs [Data Includes: Current Encounter]

	08Aug2013 12:31PM
--	----------------------

Personal and Confidential



DREXEL UNIVERSITY COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH

DOB: Nov 28, 1958

Encounter: Aug 8 2013 12:30PM

EMRN: 414198

Systolic	108
Diastolic	66
Temperature	98 F
BMI Calculated	27.4
BSA Calculated	1.96
Height	5 ft 8 in
Weight	180 lb 4 oz

Physical Exam

Constitutional

The patient is in no acute distress.

Respiratory

Respiratory effort was normal.

Lungs were clear bilaterally.

Cardiovascular

Heart with normal rate and rhythm on auscultation. No murmurs, rubs, or gallops noted.

Assessment

1. Benign Essential Hypertension 401.1
2. Cervical Disc Degeneration 722.4
3. Chronic Pain Syndrome 338.4
4. Lower Back Pain 724.2

Plan

Cervical Disc Degeneration (722.4), Gunshot Wound (E922.9), Lower Back Pain (724.2)

Oxycodone-Acetaminophen 5-325 MG Oral Tablet; 1 to 2 tablets every 6 hours as needed for pain; Therapy: 21May2013 to (Evaluate:07Sep2013); Last Rx:08Aug2013

Chronic Pain Syndrome (338.4)

Pain Management Screening Profile (10 Drugs), Urine (PMP-10S) Requested for: 08Aug2013

Developed treatment plan in collaboration with the patient Done: 09Aug2013

Unlinked

Morphine Sulfate ER 30 MG Oral Tablet Extended Release; TAKE 1 TABLET Every twelve hours; Therapy: 08Aug2013 to (Evaluate:07Sep2013); Last Rx:08Aug2013

Personal and Confidential

Printed By: Shanita Singletary

2 of 3

12/12/13 5:58:38 PM

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DREXEL UNIVERSITY COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH
DOB: Nov 28, 1958
Encounter: Aug 8 2013 12:30PM EMRN: 414198

Plan: F/U with pain management as scheduled
do not pick up oxycontin prescription, we will try morphine instead
will need to get records from prior doctors
Urine test today

Discussion/Summary

The patient and discussed pain management at length. I recommended that he try morphine even though he is sure it didn't work for him in the past. Until I get medical records from his prior docs, I don't have enough information to fill out a prior-auth form for oxycontin. I also stressed how important it is for him to follow up with pain management and psych was counseled regarding risks and benefits of treatment options. I spent 30 minutes with the patient of which >50% was spent discussing the topics listed above.

Signatures

Electronically signed by : SUSANNA EVANS, MD; Aug 9 2013 9:35PM EST

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DREXEL UNIVERSITY COLLEGE OF MEDICINE

3401 Market St Student Health Center
Philadelphia, PA 19104
(215) 220-4700

Patient: MICHAEL M. ALLAH
1022 BARKER RD

EMRN: 414198
DOB: Nov 28, 1958

SHARON HILL, PA 19079-1817

Home: (484) 661-7987
Work:

Encounter Date: Aug 29 2013 1:45PM

Reason For Visit

Reason for Visit: Patient needs Rx refill for percocet and has been recently discharged from Crozer Hospital.

History of Present Illness

Patient states he was walking to the bus stop and he slipped on a sandwich that was on the ground. He says he was knocked unconscious briefly. Says he was admitted to Crozier overnight. Is supposed to be wearing a soft collar but he says it is too uncomfortable. Pain is worse with movement, partially relieved when he takes percocet. Says he has a meeting with his lawyer today and he thinks his lawyer will recommend PT.

Has appointment with pain medicine on Sept. 7. patient states that the morphine doesn't help his pain it just makes him sleepy. Has taken all of his percocet because he is taking 2 tabs 4 times a day.

Current Meds

1. Amlodipine Besylate 5 MG Oral Tablet; TAKE 1 TABLET DAILY FOR BLOOD PRESSURE; Therapy: 21May2013 to (Evaluate:19Jan2014) Requested for: 23Jul2013; Last Rx:23Jul2013
2. Clonazepam 1 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED; Therapy: 21May2013 to (Evaluate:19Dec2013); Last Rx:21Aug2013
3. Hydrochlorothiazide 25 MG Oral Tablet; TAKE 1 TABLET DAILY; Therapy: 21May2013 to (Evaluate:19Jan2014) Requested for: 23Jul2013; Last Rx:23Jul2013
4. Morphine Sulfate ER 30 MG Oral Tablet Extended Release; TAKE 1 TABLET Every twelve hours; Therapy: 08Aug2013 to (Evaluate:07Sep2013); Last Rx:08Aug2013
5. Oxycodone-Acetaminophen 5-325 MG Oral Tablet; 1 to 2 tablets every 6 hours as needed for pain; Therapy: 21May2013 to (Evaluate:07Sep2013); Last Rx:08Aug2013

Allergies

1. Aspirin TABS

Personal and Confidential



DREXEL UNIVERSITY COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH

DOB: Nov 28, 1958

Encounter: Aug 29 2013 1:45PM

EMRN: 414198

Vitals

Vital Signs [Data Includes: Current Encounter]

	29Aug2013 02:10PM
Systolic	136
Diastolic	84
Temperature	97.6 F
BMI Calculated	26.17
BSA Calculated	1.92
Weight	172 lb 2 oz

Physical Exam

paraspinous tenderness through cervical region and upper back. flexion and extension intact but discomfort with full extension/flexion, able to touch chin to each shoulder, upper extremity strength and sensation intact

Constitutional

The patient is in no acute distress.

Assessment

1. Benign Essential Hypertension 401.1
2. Cervical Disc Degeneration 722.4
3. Lower Back Pain 724.2
4. Neck Sprain 847.0

Plan

Unlinked

Morphine Sulfate ER 30 MG Oral Tablet Extended Release; TAKE 1 TABLET Every twelve hours; Therapy: 08Aug2013 to 02Sep2013; Last Rx:08Aug2013; Status: DISCONTINUED - Patient reports not taking

OxyCODONE HCl - 10 MG Oral Tablet; TAKE 1 TABLET 4 TIMES DAILY; Therapy: 29Aug2013 to (Evaluate:28Sep2013); Last Rx:29Aug2013

Plan: Reviewed records from Crozier, xrays all normal, patient sent home with instructions to take percocet every 4 to 6 hours

-urged patient to f/u with pain management, asked him to have his pain management doctor send us records

-current use of percocet is too much tylenol per day, will switch to oxycontin

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2 of 3

12/12/13 5:58:45 PM

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DREXEL UNIVERSITY COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH
DOB: Nov 28, 1958
Encounter: Aug 29 2013 1:45PM EMRN: 414198

-discussed with patient the need for a better plan for long term pain management, he does not like morphine, oxycontin not covered by his insurance- advised him to discuss long term plan with his pain management doctor

Signatures

Electronically signed by : SUSANNA EVANS, MD; Sep 2 2013 5:48PM EST
Electronically signed by : SUSANNA EVANS, MD; Sep 2 2013 5:56PM EST

Personal and Confidential

SCI CHESTER
INMATE APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
LK7642	Michael Allah	OB 58	8/28/15	581709

I received my initial response from the Grievance Office/Coordinator on 8/27/15 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

ON 8/7/15, I explained to PA Nicholson that the pain Medication was not helping me with the Constant and Daily pain I am in and he showed an deliberate indifference to my serious Medical need by not providing me with a more adequate pain Medication. Then I explained to him that I recently Fell down a couple of time due to the pince nerves in my Right leg and the permanent Nerve damage I suffer from. I told him that I have been using a Cane for that reason that my leg Collapses on me some-times. I have been walking with a Cane since 2010. And I ask him to reinstate it and was denied. Now I am in Imminent danger of a serious physical injury due to my injuries. I have Medical Documents from my Primary Doctor that I walk with a Cane. I would like to be compensated \$10,000." For this denial of Medical treatment and I would like proper pain Medication and my Cane. Enclased is documents proving I use a Cane.

INMATE SIGNATURE: Michael Allah

INITIAL REVIEW RESPONSE

SCI Chester
500 East 4th Street
Chester, PA 19013

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follow

Inmate Name:	Michael Allah	Inmate Number:	LK7642
Facility:	SCI Chester	Unit Location:	DB-58
Grievance #:	581709	Grievance Date:	August 7, 2015
Decision:			
<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part			
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous		
<p>Thursday, August 20, 2015</p> <p>Your physical examinaion was unremarkable. Your request for a cane is not medically necessary.</p> <p><i>Shirley Laws-Smith</i> Reviewed by Shirley Laws-Smith, RNC CHCA</p> <p><i>[Signature]</i> Title: Date: 8/21/15</p>			

cc: Facility Grievance Coordinator
DC-15
File



DREXEL UNIVERSITY COLLEGE OF MEDICINE

3401 Market St Student Health Center
Philadelphia, PA 19104
(215) 220-4700

Patient: MICHAEL M. ALLAH
1022 BARKER RD

EMRN: 414198
DOB: Nov 28, 1958

SHARON HILL, PA 19079-1817

Home: (484) 661-7987

Encounter Date: May 20 2013 2:15PM

Work:

Reason For Visit

Mr. MICHAEL ALLAH presents today with a request for rx refill.

Allergies

Aspirin TABS.

Current Meds

Currently taking two blood pressure meds that he does not know the name of.

Vital Signs

Recorded by Morine, Sherrie on 20 May 2013 01:53 PM

BP: 160/142, LUE, Sitting,

Temp: 97.8 F, Oral,

Height: 69 in, Weight: 198 lb, BMI: 29.2 kg/m2,

BSA Calculated: 2.05 ,

BMI Calculated: 29.24.

Vital Signs Recorded by DEJOSEPH, DANIEL on May 20, 2013 02:58 PM

BP: 155/120 mm Hg LUE

Vital Signs Recorded by DEJOSEPH, DANIEL on May 20, 2013 02:58 PM

BP: 160/125 mm Hg RUE

HPI

54yo male here for first visit.

History of back pain.

Just released from prison after 2 years.

Previously on valium and percocet.

Independent on ADLs and IADLs.

He went to the ED at Jefferson on 5/13/13 and told he had high blood pressure (although it is not mentioned in his D/C summary) and back pain eval including CPR, ESR, CBC and xray. He does not have the results but he was not admitted and d/c'd with a few percocet.

His BP is very high, which he says is typical. He said he had a normal stress test last year. He has no HA/vision change/CP/edema/SOB/DOE.

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1 of 3

12/12/13 5:58:00 PM

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DREXEL UNIVERSITY COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH
DOB: Nov 28, 1958
Encounter: May 20 2013 2:15PM EMRN: 414198

ROS

+back pain, upper and lower, walking makes it worse
+leg pain/weakness right leg
walks with cane
occasional hesitancy
No CP/SOB
No diarrhea
depressed mood.

PMH

History of glaucoma (365.9).

PSH

History of the salivary duct calculus was completely removed right side

Family Hx

Paternal:

Coronary artery disease died age 73.

Personal Hx

Personal: Recent prison sentence.
Behavioral: Tobacco use (305.1) and never a smoker.
Alcohol: Having stopped drinking alcohol.
Drug Use: Drug use occasional marijuana use.
Recently got out of prison---2 years. Previously in prison from 1979-2006 (robbery, aggravated assault).
Charged with probation violation, simple assault.
Born in Philadelphia.
Went to 12th grade, did not complete.
Worked in construction for a time.
No children.

Lives in house with sister.
Not working.
Disabled, has SSI for back pain.

Physical Exam

Wears glasses
NAD
scar right neck
no neck masses
a few missing teeth
normal upper extremity strength
RRR

Personal and Confidential



DREXEL UNIVERSITY

COLLEGE OF MEDICINE

Patient: MICHAEL M. ALLAH

DOB: Nov 28, 1958

Encounter: May 20 2013 2:15PM

EMRN: 414198

normal PMI
normal DP/radial pulses
abd obese, soft NTND
no LEE
4/5 right hip flexion/big toe extension/leg extension
mild back pain right SLR and FABERE test
walks with cane

scar right upper pectoral
+tinea pedis.

Results

EKG: SR, 55, +LAD, no ischemia, QTc 458.

Assessment

- Upper back pain (724.1)
- Lower back pain (724.2)
- Benign essential hypertension (401.1)
- Disturbance of gait (781.2)

Plan

Please follow-up tomorrow!
Bring in all the medications you have at home.
Pt with elevated BP but asymptomatic, and, per patient, always runs high.
He needs to f/u tomorrow with his medications so we can make adjustments.
To ED if symptoms of Chest Pain and HA.

Per pt he had comprehensive labwork done two weeks ago, as well as the ED visit.
We need to the records from prison before considering prescribing chronic opiates.
Unclear if he has had PT.
He has had an extensive work-up.

Please sign medical release of information for Jefferson and for the prison records.

Signature

Electronically signed by : DANIEL DEJOSEPH ; 05/20/2013 5:20 PM EST.

Personal and Confidential

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

581709
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Shirley-Laws-Smith</i>	FACILITY: <i>S.C.I. Chester</i>	DATE: <i>8/7/15</i>
FROM: (INMATE NAME & NUMBER) <i>Michael M. Allah LK7642</i>	SIGNATURE of INMATE: <i>Michael M. Allah</i>	
WORK ASSIGNMENT: <i>Block Worker</i>	HOUSING ASSIGNMENT: <i>OB - 58</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

ON 8/7/15 I went to Sick Call and explained to PA Nicholson that I was in a lot of pain and that the Pain Medication Relafen was NOT helping relief my pain in my upper & lower back and right leg. Then I ask him to reinstate my CANE CAUSE I fell down a couple of time when my right leg collapsed on me I have been walking with a cane for the last 5 years and now need it more than ever, PA Nicholson refused to return my cane to me or given me a more adequate pain medication. I am being denied proper Medical Attention & Treatment.

B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to my Block Officer and was told to file a Grievance. I would like to be compensated \$5,000.00 for pain & suffering.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

[Signature]
Signature of Facility Grievance Coordinator

8/10/15
Date

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Mr. John C. Thomas</u>	2. Date: <u>7/16/15</u>
3. By: (Print Inmate Name and Number) <u>Michael Allah LK7642</u> <u>Michael Allah</u> Inmate Signature	4. Counselor's Name <u>BARKNE</u> 5. Unit Manager's Name <u>KAUTZMAN</u>
6. Work Assignment <u>Block Worker</u>	7. Housing Assignment <u>OB-58</u>
8. Subject: State your request completely but briefly. Give details. <u>Dear Sir,</u> <u>I AM WRITTING YOU THIS REQUEST BASED</u> <u>ON THREE (3) UNANSWERED APPEALS TO FACILITY</u> <u>MANAGER GRIEVANCES NO. 564603 dated 5/22/15,</u> <u>#569855 dated: 6/26/15 AND #564573 dated:</u> <u>7/8/15. HOWEVER I HAVE NOT GOTTEN A ANSWER FROM</u> <u>YOU TELLING ME KNOW WHAT YOUR RULING. I AM TRYING</u> <u>TO "EXHAUST ALL MY ADMINISTRATIVE REMEDIES" AND I</u> <u>APPEALING TO THE LAST STAGE IN A TIMELY MANNER.</u> <u>CAN YOU SEND ME A ANSWER AS SOON AS POSSIBLE.</u> <u>I THANK YOU IN ADVANCE.</u> <u>/s/ Michael Allah</u> <u>CC: Personal File</u>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

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CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Ms. LOUISA PEREZ	FACILITY: S. C. I. CHESTER	DATE: 7/24/15
FROM: (INMATE NAME & NUMBER) Michael M. Allah LK 7642	SIGNATURE of INMATE: Michael Allah	
WORK ASSIGNMENT: Block Worker	HOUSING ASSIGNMENT: D B - 58	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

I Filing this GRIEVANCE cause I AM BEING DENIED access to the Courts. Supt. John C. THOMAS is refusing to ANSWER my GRIEVANCES appeals to him. I appealed to him trying to exhaust my Administrative Remedies on the Following Grievances: #564603 dated 5/22/15, #569355 dated 6/24/15 AND #564593 dated 7/8/15. I NEED his RESPONSE to see if he CAN help me with my problems OR if I have to appeal to Final Review. I would like to be compensated in the amount of \$10,000.00 For refusing to answer my appeals. Thank You!

- B. List actions taken and staff you have contacted, before submitting this grievance.

I spoke to Deputy Supt. JACKSON AND I wrote Two request to Supt. THOMAS about NOT getting my response to my Appeals. The 10 working days has passed on all 3 Grievances. Still NO responses.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

8/16/15

Dear Director JAMES C. BARNACLE

I AM writting you this letter in a effort to get help on my Grievance appeals that ARE going UNANSWERED by the Facility Manager Supt. Thomas. He is denying me access to the Courts by NOT responding to Three (3) of my Grievance Appeals.

1. I filed Grievance # 564503 on 4/23/15 and got an initial response on 5/19/15. I appeal to the Facility Manager on 5/22/15. As of the above date I gotten NO response.
2. Then on 4/23/15, I also filed Grievance # 564593, I NOT get an initial response until 7/8/15. I filed a Appeal on 7/8/15 to the Facility Manager and gotten NO response as of the above date.
3. On 5/22/15, I filed a Grievance on # 569355, I got a initial response on 6/21/15 and filed a appeal on 6/26/15 to the Facility Manager. YET I GOT NO RESPONSE from the Facility Manager. On 7/16/15 I wrote to the Facility Manager by way of a request slip asking him to answer my Three Grievances and he did not.

Then on 7/24/15, I filed a Grievance on the Facility Manager for NOT ANSWERING

Any of my Three (3) Grievances
And I did not get a "initial response"
as of the above date, I have to ex-
haust my Administrative Remedies that
are made available to me, however the
Grievance system is not being made avail-
able to me cause the Facility Manager
John C. Thomas is not answering any of
my Grievances so I can appeal to Final
Review if I have to. I need your
Office to investigate this injustice
And let me know what I need to
do. Can I go on and file my Civil/
Right Complaints Claims in Federal
Court. Can I appeal to Final Review
even though the Facility Manager has
not responded? What do I do?
I need to hear from you, soon.
Thank you!

cc: File

Dated: 8/16/15

Michael M. Allah
#LK7642
500 E 4th St.
Chester PA 19013



August 28, 2015

Michael Allah, LK7642
SCI Chester

Dear Mr. Allah:

The Office of Special Investigations and Intelligence recently received your correspondence on August 19, 2015.

Please be advised that you have utilized the appropriate means to address your concerns, specifically the DC-ADM 804, Inmate Grievance System. This directive allows numerous levels of appeal and all appeals must be exhausted before seeking outside relief.

This office will take no further action regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Barnacle', written over the printed name and title.

James C. Barnacle
Director

JCB/ken

it is served. Plaintiff request to be given the New Hep-C Treatment drug 8 to 12 week "HARVONI". Also proper Anxiety and Pain Medication even if it is a Narcotic. Plaintiff request to be reimbursed Money for overcharging me for Glasses. Plaintiff also seek recovery of his costs in this suit and any additional relief this court deems just, proper, & equitable.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Michael Malik Allah

Defendants Supt. John Reilly

2. Court (if federal court, name the district; if state court, name the county) EASTERN

3. Docket or Index number NO. 15-3780

4. Name of Judge assigned to your case GENE E.K. PRATTER

5. Approximate date of filing lawsuit July 13, 2015

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) My Right to proceed In Forma PAUPERIS is under appeal in the Third Circuit

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Minister Michael Malik Allah

Defendants Father Francis Menei, et al

2. Court (if federal court, name the district; if state court, name the county) EASTERN

3. Docket or Index number NO. 93-4958

4. Name of Judge assigned to your case MARVIN KATZ

5. Approximate date of filing lawsuit September 1993

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition October 1994

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) THE CASE WAS SETTLED IN 1994.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5th day of October, 20 15.

Signature of Plaintiff

Michael M. Allah

Inmate Number

LK 7642

Institution Address

5008 4th ST.
SCI Chester
Chester
PA 19013

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5th day of October, 2015, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Michael M. Allsh